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Customer Number

Patent  
Case No.: 53949US013

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: **GOERS, BRIAN D.**  
Application No.: **10/800,516** Confirmation No.: **9467**  
Filed: **March 15, 2004**  
Title: **CONDITIONING DISK**

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**AMENDMENT AND RESPONSE**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]</b>	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.	
<u>Oct. 29, 2007</u> Date	<u>Susan P. Gumatz</u> Signed by: Susan P. Gumatz

Dear Sir:

This communication is in response to the outstanding Office Action, dated August 02, 2006, and the Examiner's Reply Brief, dated September 27, 2007, in the above-identified application.

This Amendment is believed to be timely submitted. It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

**AMENDMENTS TO THE CLAIMS** are reflected in the listing of claims that begins on page 3 of this communication.

**REMARKS** begin on page 8 of this communication.

**Fees**

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	32	Minus	** 30	= 2	x \$50.00	\$100.00
Independent Claims	4	Minus	*** 3	= 1	x \$210.00	\$210.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been previously paid					\$370.00	\$0.00
<b>Total Additional Fee For This Amendment</b>						<b>\$310.00</b>
**If the "Highest No. Previously Paid For" in this space would be less than 20, write "20" in this space. ***If the "Highest No. Previously Paid For" in this space would be less than 3, write "3" in this space.						